

Index of Claims



Application No.

10/732,753

Applicant(s)

ZADEH, RAHIM
ALLAGHEBAND

Examiner

Gwendolyn Baxter

Art Unit

3632

| | |
|---|----------|
| ✓ | Rejected |
| = | Allowed |

| | |
|---|--------------------------------|
| — | (Through numeral) Cancelled |
| + | Restricted |

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|---|--------------|
| N | Non-Elected |
| I | Interference |

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| A | Appeal |
| O | Objected |

| Claim | | Date | | | | | | | | | |
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| Final | Original | 12/27/04 | | | | | | | | | |
| | 1 | ✓ | | | | | | | | | |
| | 2 | ✓ | | | | | | | | | |
| | 3 | ✓ | | | | | | | | | |
| | 4 | ✓ | | | | | | | | | |
| | 5 | ✓ | | | | | | | | | |
| | 6 | ✓ | | | | | | | | | |
| | 7 | ✓ | | | | | | | | | |
| | 8 | ✓ | | | | | | | | | |
| | 9 | ✓ | | | | | | | | | |
| | 10 | ✓ | | | | | | | | | |
| | 11 | ✓ | | | | | | | | | |
| | 12 | ✓ | | | | | | | | | |
| | 13 | ✓ | | | | | | | | | |
| | 14 | 0 | | | | | | | | | |
| | 15 | 0 | | | | | | | | | |
| | 16 | ✓ | | | | | | | | | |
| | 17 | ✓ | | | | | | | | | |
| | 18 | ✓ | | | | | | | | | |
| | 19 | ✓ | | | | | | | | | |
| | 20 | ✓ | | | | | | | | | |
| | 21 | ✓ | | | | | | | | | |
| | 22 | ✓ | | | | | | | | | |
| | 23 | 0 | | | | | | | | | |
| | 24 | 0 | | | | | | | | | |
| | 25 | 0 | | | | | | | | | |
| | 26 | 0 | | | | | | | | | |
| | 27 | 0 | | | | | | | | | |
| | 28 | ✓ | | | | | | | | | |
| | 29 | ✓ | | | | | | | | | |
| | 30 | ✓ | | | | | | | | | |
| | 31 | ✓ | | | | | | | | | |
| | 32 | ✓ | | | | | | | | | |
| | 33 | ✓ | | | | | | | | | |
| | 34 | ✓ | | | | | | | | | |
| | 35 | 0 | | | | | | | | | |
| | 36 | 0 | | | | | | | | | |
| | 37 | ✓ | | | | | | | | | |
| | 38 | ✓ | | | | | | | | | |
| | 39 | ✓ | | | | | | | | | |
| | 40 | ✓ | | | | | | | | | |
| | 41 | ✓ | | | | | | | | | |
| | 42 | ✓ | | | | | | | | | |
| | 43 | ✓ | | | | | | | | | |
| | 44 | ✓ | | | | | | | | | |
| | 45 | ✓ | | | | | | | | | |
| | 46 | ✓ | | | | | | | | | |
| | 47 | ✓ | | | | | | | | | |
| | 48 | ✓ | | | | | | | | | |
| | 49 | ✓ | | | | | | | | | |
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| Claim | | Date | | | | | | | | | |
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| Final | Original | | | | | | | | | | |
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